



REPORTABLE DISEASES AND CONDITIONS

Title 17, California Code of Regulations (CCR), § 2500

It is the duty of every health care provider, knowing of or in attendance on a case or suspected case of any diseases or conditions listed below, to report to the local health officer for the jurisdiction where the patient resides. "Health care provider" encompasses physicians (surgeons, osteopaths, oriental medicine practitioners), veterinarians, podiatrists, physician assistants, registered nurses (nurse practitioners, nurse midwives, school nurses), infection control professionals, medical examiners/coroners, dentists, and chiropractors, as well as any other person with knowledge of a case or suspected case.

Urgency Reporting Requirements

= Report **immediately** by telephone = Report within **1 working day** of identification = Report within **7 calendar days** from time of identification

REPORTABLE DISEASES

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| Acquired Immune Deficiency Syndrome (AIDS) ■ | Hantavirus Infection | Scombroid Fish Poisoning |
| Amebiasis | Hemolytic Uremic Syndrome | Shiga Toxin, detected in feces |
| Anaplasmosis/Ehrlichiosis | Hepatitis A, acute infection | Shigellosis |
| Anthrax, human or animal + | Hepatitis B, specify acute or chronic | Smallpox (Variola) |
| Babesiosis | Hepatitis C, specify acute or chronic | <i>Staphylococcus aureus</i> Infection; deaths only or admission to an intensive care unit of a person who: has not had surgery or dialysis or been hospitalized, or resided in a long-term care facility in the past year, and did not have an indwelling catheter or percutaneous medical device at the time of culture. |
| Botulism: infant, foodborne, or wound | Hepatitis D (Delta), specify acute or chronic | Streptococcal Infection, outbreaks of any type |
| Brucellosis, animal; except infection due to <i>Brucella canis</i> + | Hepatitis E, acute infection | Streptococcal Infection, individual case in a food handler or dairy worker |
| Brucellosis, human + | Human Immunodeficiency Virus (HIV) ■ (\$2641-2643) | Streptococcal Infection, Invasive Group A, including Streptococcal Toxic Shock Syndrome and Necrotizing Fasciitis; do <u>not</u> report individual cases of pharyngitis or scarlet fever. ★ |
| Campylobacteriosis | Influenza deaths, laboratory confirmed cases only, all ages ★ | <i>Streptococcus pneumoniae</i> , Invasive ★ |
| Chancroid ■ | Influenza, novel strains, human | Syphilis ■ |
| Chickenpox (Varicella), only hospitalized and fatal cases, do <u>not</u> report cases of herpes zoster or shingles | Legionellosis | Tetanus |
| Chikungunya virus | Leprosy (Hansen's Disease) | Toxic Shock Syndrome |
| <i>Chlamydia trachomatis</i> infection, including lymphogranuloma venereum (LGV) ■ | Leptospirosis | Trichinosis |
| Cholera + | Listeriosis + | Tuberculosis + ■ |
| Ciguatera Fish Poisoning | Lyme Disease | Tularemia, animal |
| Coccidioidomycosis | Malaria + | Tularemia, human + |
| Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE) | Measles (Rubeola) | Typhoid Fever, cases and carriers + |
| Cryptosporidiosis | Meningitis, specify etiology: viral, bacterial, fungal, or parasitic | <i>Vibrio</i> Infection + |
| Cyclosporiasis | Meningococcal Infection | Viral Hemorrhagic Fevers, human or animal (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses) |
| Cysticercosis or Taeniasis | Mumps | West Nile Virus (WNV) Infection |
| Dengue | Paralytic Shellfish Poisoning | Yellow Fever |
| Diphtheria + | Pelvic Inflammatory Disease (PID) ■ | Yersiniosis |
| Domoic Acid (Amnesic Shellfish) Poisoning | Pertussis (Whooping Cough) | OCCURRENCE OF ANY UNUSUAL DISEASE |
| Ehrlichiosis/Anaplasmosis | Plague, human or animal + | OUTBREAKS OF ANY DISEASE, including diseases not listed above. Specify if occurring in an institution and/or the open community. |
| Encephalitis, specify etiology: viral, bacterial, fungal or parasitic | Poliovirus Infection | |
| <i>Escherichia coli</i> , shiga toxin producing (STEC) including <i>E. coli</i> O157 + | Psittacosis | |
| Foodborne Disease | Q Fever | |
| Foodborne Outbreak; 2 or more suspected cases from separate households with same assumed source | Rabies, human or animal | |
| Giardiasis | Relapsing Fever | |
| Gonococcal Infection ■ | Respiratory syncytial virus, ICU or fatal cases, and <5 years only ★ | |
| <i>Haemophilus influenzae</i> , invasive disease only, less than 15 years of age | Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like Illnesses | |
| | Rocky Mountain Spotted Fever | |
| | Rubella (German Measles) | |
| | Rubella Syndrome, Congenital | |
| | Salmonellosis, other than Typhoid Fever + | |
| | SARS (Severe Acute Respiratory Syndrome) | |
| | Scabies, atypical or crusted ★ | |

Reportable Non-Communicable Diseases or Conditions

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| Alzheimer's Disease and Related Conditions (CCR § 2802, § 2806, § 2810) | Disorders Characterized by Lapses of Consciousness (CCR § 2806, § 2810) | Pesticide-Related Illnesses (Health and Safety Code §105200) |
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★ Reportable to the Los Angeles County Department of Public Health.

+ Bacterial isolates and malarial slides must be forwarded to Los Angeles County Public Health Laboratory for confirmation. Health care providers must still report all such cases separately. **Public Health Laboratory (562) 658-1300**

■ For questions regarding the reporting of HIV/AIDS, STDs or TB, contact the respective program:

HIV Epidemiology Program

(213) 351-8516

www.publichealth.lacounty.gov/hiv/index.htm

STD Program

(213) 744-3070

www.publichealth.lacounty.gov/std/index.htm

TB Control Program

(213) 745-0800

www.publichealth.lacounty.gov/tb/index.htm

To report a case or outbreak of any disease, contact the Communicable Disease Reporting System
Tel: (888) 397-3993 • Fax: (888) 397-3778



REPORTABLE CONDITIONS: NOTIFICATION BY LABORATORIES

Title 17, California Code of Regulations (CCR), § 2505

California Code of Regulations, Title 17, Section 2505 requires laboratories to report laboratory testing results suggestive of the following diseases of public health importance to the local health department: **All notifications are acquired in confidence; confidentiality of patient information is always protected.**

URGENT REPORTING / Reports Due in 1 Day: The following diseases or agents shall be reported within **one (1) hour** after the health care provider or other person authorized to receive the report has been notified. Laboratory findings for these diseases are those that satisfy the most recent communicable disease surveillance case definitions established by the CDC (unless otherwise specified in this Section).

- Anthrax, animal or human (*B. anthracis*)
- Botulism
- Brucellosis, human (*all Brucella spp.*)
- *Burkholderia pseudomallei* and *B. mallei* (detection or isolation from clinical specimen)
- Influenza, novel strains (human)
- Plague, animal or human
- Smallpox (Variola)
- Tularemia, human (*F. tularensis*)
- Viral Hemorrhagic Fever agents, animal or human (VHF), (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)

- *Borrelia burgdorferi* infection (Lyme disease)
- Brucellosis, animal (*Brucella spp. except B. canis*)
- Campylobacteriosis (*Campylobacter spp.*) (detection or isolation of clinical specimen)
- Chancroid (*Haemophilus ducreyi*)
- *Chlamydia trachomatis* infections, including lymphogranuloma venereum
- Coccidioidomycosis
- Cryptosporidiosis
- Cyclosporiasis
- Dengue (dengue virus)
- Diphtheria
- Ehrlichiosis
- Encephalitis, arboviral
- *Escherichia coli*: Shiga toxin-producing (STEC) including *E. coli* O157
- Giardiasis
- Gonorrhea
- *Haemophilus influenzae* (case less than 15 years of age, from sterile site)
- Hantavirus Infections
- Hepatitis A, acute infection only
- Hepatitis B, acute or chronic infection (specify gender)
- Hepatitis C, acute or chronic infection
- Hepatitis D (Delta), acute or chronic infection
- Hepatitis E, acute infection (detection of hepatitis E virus RNA or positive serology)
- Legionellosis (antigen or culture)
- Leprosy (Hansen Disease) (*Mycobacterium leprae*)
- Leptospirosis (*Leptospira spp.*)
- Listeriosis (*Listeria monocytogenes*)
- Malaria

- Measles (rubeola), acute infection
- Mumps (mumps virus), acute infection
- *Mycobacterium tuberculosis*
- *Neisseria meningitidis* (sterile site isolate)
- Poliovirus
- Psittacosis (*Chlamydia psittaci*)
- Q Fever (*Coxiella burnetii*)
- Rabies, animal or human
- Relapsing Fever (identification of *Borrelia spp.* spirochetes on peripheral blood smear)
- *Rickettsia*, any species, acute infection (from a clinical specimen or positive serology) including Rocky Mountain spotted fever *R. rickettsii*
- Rubella, acute infection
- Salmonellosis (*Salmonella spp.*)
- Shiga toxin detected in feces
- Shigellosis (*Shigella spp.*)
- Syphilis
- Trichinosis (*Trichinella*)
- Tuberculosis
- Tularemia, animal (*F. tularensis*)
- Typhoid (*S. Typhi*), acute or chronic
- *Vibrio* species infections, including cholera
- West Nile virus infection
- Yellow Fever
- Yersiniosis (*Yersinia spp.*, non-pestis) (isolation from a clinical specimen)

Reports Due in 1 Day: The following diseases or agents shall be reported within **one (1) working day** after the health care provider or other person authorized to receive the report has been notified. Laboratory findings for these diseases are those that satisfy the most recent communicable disease surveillance case definitions established by the CDC (unless otherwise specified in this Section).

- Acid-fast bacillus (AFB)
- Anaplasmosis
- *Bordetella pertussis* acute infection, by culture or molecular identification

Reports Due in 7 Days:

- Human immunodeficiency virus (HIV), including all CD4 cell counts (any level), all viral loads (including undetectable), and all genotyping results
- *Streptococcus pneumoniae*, invasive (sterile site)

ADDITIONAL REPORTING REQUIREMENTS

ANTHRAX, BOTULISM, BRUCELLOSIS, GLANDERS, INFLUENZA (NOVEL STRAINS), MELIOIDOSIS, PLAGUE, SMALLPOX, TULAREMIA, and VIRAL HEMORRHAGIC FEVERS

Whenever a laboratory receives a specimen for the laboratory diagnosis of a suspected human case of one of these diseases, such laboratory shall **communicate immediately by telephone** with the appropriate public health facility, California Department of Public Health (CDPH) or LACDPH Acute Communicable Disease Control (ACDC), for instruction.

Bacterial testing (via CDPH): 510-412-3700

Viral testing (via CDPH): 510-307-8575

Botulism testing (via ACDC): 213-240-7941

- Malaria slides and bacterial isolates of: 1) *Mycobacterium tuberculosis* Complex, 2) *Salmonella* (including *S. Typhi*), and 3) Category A agents (anthrax, brucellosis, *B. pseudomallei* and *B. mallei*, novel strains of influenza, plague, smallpox, and tularemia), 4) Shiga-toxin producing *E. coli* (O157 and non-O157 strains), 5) Shiga-toxin fecal broths, 6) *Neisseria meningitidis* (from sterile site), 7) *Listeria monocytogenes*, and 8) measles IgM positive sera must be forwarded to the LA County Department of Public Health Laboratory for confirmation.

- These isolates are requested to be forwarded to the LA County Public Health Laboratory for surveillance activities, subtyping and/or confirmatory testing.

TUBERCULOSIS

Any laboratory that isolates *Mycobacterium tuberculosis* from a patient specimen must submit a culture to the local public health laboratory for the local health jurisdiction in which the health care provider's office is located as soon as available from the primary isolate on which a diagnosis of tuberculosis was established. The information listed under "HOW TO REPORT" above must be submitted with the culture. Unless drug susceptibility testing has been performed by the clinical laboratory on a strain obtained from the same patient within the previous three months or the health care provider who submitted the specimen for laboratory examination informs the laboratory that such drug susceptibility testing has been performed by another laboratory on a culture obtained from that patient within the previous three months, the clinical laboratory must do the following:

- Perform or refer for drug susceptibility testing on at least one isolate from each patient from whom *Mycobacterium tuberculosis* was isolated,
- Report the results of drug susceptibility testing to the local health officer of the city or county where the submitting physician's office is located within **one (1) working day** from the time the health care provider or other authorized person who submitted the specimen is notified, and
- If the drug susceptibility testing determines the culture to be resistant to at least isoniazid and rifampin, in addition, submit one culture or subculture from each patient from whom multidrug-resistant *Mycobacterium tuberculosis* was isolated to the local public health laboratory (as described above).

Whenever a clinical laboratory finds that a specimen from a patient with known or suspected tuberculosis tests positive for acid fast bacillus (AFB) staining and the patient has not had a culture which identifies that acid fast organism within the past 30 days, the clinical laboratory shall culture and identify the acid fast bacteria or refer a subculture to another laboratory for those purposes.

MALARIA

Any clinical laboratory that makes a finding of malaria parasites in the blood film of a patient shall immediately submit one or more such blood film slides for confirmation to the local public health laboratory for the local health jurisdiction where the health care provider is located. When requested, all blood films will be returned to the submitter.

SALMONELLA (including *S. Typhi*)

California Code of Regulations, Title 17, Section 2612 requires that a culture of the organisms on which a diagnosis of salmonellosis is established must be submitted to the local public health laboratory.

* For questions regarding the reporting of HIV/AIDS, STDs or TB, contact the respective program:

HIV Epidemiology Program

(213) 351-8516 (reporting); (213) 351-8196 (general)
www.publichealth.lacounty.gov/hiv/index.htm

STD Program

(213) 744-3070
www.publichealth.lacounty.gov/std/index.htm

TB Control Program

(213) 745-0800
www.publichealth.lacounty.gov/tb/index.htm

To report a case or outbreak of any disease, contact the Communicable Disease Reporting System

Tel: (888) 397-3993 • Fax: (888) 397-3778